Early On® Oakland
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Waterford, MI 48328
248.209.2084
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Early On® Oakland Periodic Review

Child's Legal Name:	Date of Birth:
Date of Current IFSP:	Date of Periodic Review:

Date written invitation to Periodic Review provided:
☐ in person_____ ☐ by mail_____ ☐ by email_____ ☐ by text_____

Periodic Review Requirements

Outcome #	Progress Toward Measurable Outcome Criteria	Description of Revisions to Outcomes Needed
Major changes in family priorities, resources or concerns identified:		☐ Yes ☐ No

Optional Periodic Review Activities

Revised or added an outcome – if yes: ▪ Complete Summary of Modifications – Page 2 of Periodic Review form (Section 1) ▪ Attach Page 2 to current IFSP	☐ Yes ☐ No
Modified Early Intervention services (frequency, intensity, duration, method or location) - if yes: ▪ Provide parent with Prior Written Notice (PWN) ▪ Complete Summary of Modifications – Page 2 of Periodic Review form (Section 2) ▪ Obtain parent consent and signature ▪ Attach Page 2 to current IFSP	☐ Yes ☐ No
Developed a Transition Plan – if yes: ▪ Attach completed plan to current IFSP	☐ Yes ☐ No

Please fax this form to Early On® Oakland at 248.209.2522

On® Oakland Periodic Review – Summary of Modifications

Child's Legal Name:	Date of Birth:	Date:

Modifications in Outcomes: ❑ Yes ❑ No Modifications in Services: ❑ Yes ❑ No

Section 1: Modifications to Outcomes

Present Status *(What is the child doing now? What has been tried? What is working?)*

Measurable Outcome #_____	Criteria	Procedures	Time Frame

Present Status *(What is the child doing now? What has been tried? What is working?)*

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Present Status *(What is the child doing now? What has been tried? What is working?)*

Measurable Outcome #_____	Criteria	Procedures	Time Frame

Section 2: Modifications in Early Intervention Services

Service #1 Early Intervention Service: ----------
Michigan Special Education Service: ----------

Frequency (# of Sessions)	Length of Session	Intensity ❑ Individual ❑ Group	Method	Start Date	End Date	Location ❑ Home ❑ Community ❑ Other	Payor ❑ Early On® ❑ LEA ❑

Service #2 Early Intervention Service: ----------
Michigan Special Education Service: ----------

Frequency (# of Sessions)	Length of Session	Intensity ❑ Individual ❑ Group	Method	Start Date	End Date	Location ❑ Home ❑ Community ❑ Other	Payor ❑ Early On® ❑ LEA ❑

Identify end date of any service(s) currently on existing IFSP that will no longer be provided.

Service #:	**Date:**	**Service #:**	**Date:**	**Service #:**	**Date:**

(Parent consent and signature below only needed if services are modified during Periodic Review)
I have had Early On® and/or Michigan Special Education explained to me and:
❑ Consent to the provision of Early Intervention services
OR
❑ Do **NOT** consent to the provision of Early Intervention services

Parent Signature: **Date:**

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